						Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003						10/	(/	36	5/
CLAIMS AS FILED - PART (Column 2)					SMALL I	ENTITY	OR		R/THAN ENTITY
TOTAL CLAIMS	20			ſ	RATE	FEE	7	RATE	FEE
FOR	NUMBER FILE	NUM	BER EXTRA	٠	BASIC FE	€ 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS	20 minus 2	0= -		XS S			OR	X\$18=	
INDEPENDENT CLAIMS	4 minus 3 = 1°			ı	X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM P	NT CLAIM PRESENT			ŀ		 	- OH		80
* If the difference in column 1 is less than zero, enter "0" in column 2					+145=		OR	+290=	
IOIAL OR TOTAL 83 6							856		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	Γ		ADDI-			ADDI-
	PR	EVIOUSLY MID FOR	EXTRA		RATE	TIONAL		PATE	TIONAL FEE
AFTER AMENDMENT Total Independent Total Total Total Total Total Total Total Total Total Total Total Total	Minus	20	-0	2	15.00 X\$8-		OR	50.00 X318	
Independent - 1	Minus	4 -	-0-	7	00.00 X43=		OR	20000	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									X
	. /		ر ح	\L	+145=		OR	+290= YOTAL	
[(Column t)	y o fo	olumn 2)	(Column 3)) 40	OIT. FEE		OR,	VOOIT. FIE	
CEANAS REMAINING	P	GHEST LIMBER		f		ADDI-	ſ		ADDI-
	PR	EVIOUSLY AID FOR	PRESENT EXTRA		RATE	TIONAL FEE	I	RATE	TIONAL FEE/
AFTER ADMENDMENT Total Independent	Minus	H).	-	T	X\$ 9=		OR	X\$18-	
Independent	Minus ess	CP	-//	r	X43=		•	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 4									
				Ľ	145= TOTAL	× 1	OR	+290-	4.
	tion of the second seco	•	•	AD	OIT. FEE		OR A	DOT PEEL	V. 1.
(Column 1) CLAMS		lumn 2) GHEST	(Column 3)	_	•	<u> </u>	_		
P REMAINING	NI PRE	UMBER VIOUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AFTER AMENDMENT Total • Independent • I	Vinus	VID FOR		\vdash		FEE	ŀ		FEE
Independent •	Minus rea		-	-	CS 9=		OR	X\$18=	
FIRST PRESENTATION OF MUI	TIPLE DEPENDE	NT CLAIM		1	(43=		OR	X86=	
	•			+	145=	k	DR	+290=	
* If the entry in column 1 is less than the "If the "Highest Number Previously Paid	I For IN THIS SPAC	E is less than	20. enter "20."	ACC	TOTAL UT. FEE		DR M	TOTAL DOTT, FEE	
The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." ADDIT. FEE									

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